

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
DIRECTORATE OF EDUCATION: SPORTS BRANCH  
CHHATRASAL STADIUM: MODEL TOWN, DELHI-110009

No. DE- 41/2017/Sports/

19507-19556  
CIRCULAR

Dated:- 18/12/17

Sub: - Preliminary selection trials-cum-coaching camp in Netball in Under-14 years (Boys & Girls) for Delhi school students.

Sports Branch, Directorate of Education, Govt. of NCT of Delhi intends to organize preliminary selection trials-cum-coaching camp in Netball in Under-14 years (Boys & Girls) for Delhi school students w.e.f. 20.12.2017 onwards as per details given below:-

Venue	Eligibility	Date & Time
Chhatrasal Stadium, Model Town, Delhi	Under -14 category (B & G) should be born on or after 1.1.2004 The player should be a student of up to class XII but not below Class VI in all the above categories.	20.12.2017 from 3.00 P.M. onwards

The interested players should bring their entry in the enclosed prescribed proforma at Annexure-I, duly attested by the Head of the School at the above mentioned venue on the date of selection trials i.e. 20.12.2017 onwards. The stamp of the Head of the school on the proforma should be clearly visible and legible. The stamp on the photo of the student should have been affixed in such a manner that the half of it should be on the photo and half on the proforma. The players will have to report in the proper playing kit.

For further information, please contact Sh. Anuj Rana (Mob: 9811506050) and Dr. Jyoti Mann (Mob: 9999160523)

Note:

1. The students of Kendriya Vidyalaya are not eligible to participate in the selection trial.
2. The copy of birth certificate of the student, issued by Municipal Authority, is to be enclosed. The birth of the child should have been registered by the Municipal authority within one year of the birth of the student. In case it is not so, then the student will have to furnish details of his educational qualification from nursery onwards in the proforma enclosed at Annexure-II.
3. In case of need, a student might have to undergo medical examination for age verification from the Govt. hospital.

  
(ASHA AGGARWAL) 18/12/17  
Dy. Director of Education (Sports)

Copy forwarded to the:-

1. All Spl. DEs
2. All Addl. DEs
3. All RDEs
4. All DDEs
5. All ADEs
6. All EOs
7. All SPEs
8. All HOSs
9. PS to Secy. (Edn.)
10. PS to Director (Edn.)
11. OS (IT) with the request to place the circular on website.

ENTRY FORM

Game: \_\_\_\_\_

Age Group: \_\_\_\_\_

Name of the School:

Name of the player:

Father's Name:

Mother's Name:

Sex (Male / Female):

Date of Birth (in figure):

(in words):

Event:

Class in which studying :

School Admission No. :

Student's I.D. :

Permanent Address :

Contact No. :

Recent color  
photograph  
  
(To be attested by  
Head of the School)

I hereby certify that the particulars given above are true. Any false information will lead to cancellation of my candidature.

(Signature of player)

Verification by PET of the School

Name & Signature of the Head of the School with Seal

ANNEXURE-II

Name of the student :

Date of Birth :

Details of educational qualifications :

S. No.	Class	Name and complete address of the school	Admn. No.	Year of study
1.	Nursery/LKG			
2.	KG/UKG			
3.	I			
4.	II			
5.	III			
6.	IV			
7.	V			
8.	VI			
9.	VII			
10.	VIII			
11.	IX			
12.	X			
13.	XI			
14.	XII			

(Signature of student/Parent)